

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | JG. | | 5/3/0 |
| O.I.P.E. CLASSIFIER | | 43 | 5/9/00 |
| FORMALITY REVIEW | Salier | SC 645 | 6/23 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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